

1	LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
	County: <u>HARVEY</u>	<u>SW 1/4 NW 1/4 SE 1/4</u>	<u>17</u>	<u>T 23 S</u>	<u>R 1</u> EW

Distance and direction from nearest town or city street address of well if located within city?
NORTH EAST OF 4TH ST. AND MAIN ST. IN NEWTON, KS

2	WATER WELL OWNER: <u>BURLINGTON NORTHERN SANTA FE</u>	<u>TRW-3 NORTH</u>
	RR #, St. Address, Box #: <u>4200. DEEN ROAD</u>	<u>(TRENCH RECOVERY WELL)</u>
	City, State, ZIP Code: <u>FORT WORTH, TX 76106</u>	Board of Agriculture, Division of Water Resources
		Application Number:

3	MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:

4	DEPTH OF WELL <u>20.9</u> ft.												
	WELL'S STATIC WATER LEVEL <u>9</u> ft.												
	WELL WAS USED AS:												
	<table border="0"> <tr> <td>1 Domestic</td> <td>5 Public Water Supply</td> <td>9 Dewatering</td> </tr> <tr> <td>2 Irrigation</td> <td>6 Oil Field Water Supply</td> <td>10 Monitoring Well</td> </tr> <tr> <td>3 Feedlot</td> <td>7 Domestic (Lawn & Garden)</td> <td>11 Injection Well</td> </tr> <tr> <td>4 Industrial</td> <td>8 Air Conditioning</td> <td>12 Other <u>RECOVERY WELL</u></td> </tr> </table>	1 Domestic	5 Public Water Supply	9 Dewatering	2 Irrigation	6 Oil Field Water Supply	10 Monitoring Well	3 Feedlot	7 Domestic (Lawn & Garden)	11 Injection Well	4 Industrial	8 Air Conditioning	12 Other <u>RECOVERY WELL</u>
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	Was a chemical / bacteriological sample submitted to Department? Yes No <input checked="" type="checkbox"/>												
	If yes, mo/day/yr sample was submitted												
	Water Well Disinfected: Yes <input checked="" type="checkbox"/> No												

5	TYPE OF BLANK CASING USED:
	<input checked="" type="radio"/> Steel 3 RMP (SR) 5 Wrought 7 Fiberglass 9 Other (Specify below) <input type="radio"/> PVC 4 ABS 6 Asbestos-Cement 8 Concrete Tile
	Blank casing diameter <u>1.8</u> in. Was casing pulled? Yes No <input checked="" type="checkbox"/> If yes, how much
	Casing height above or below land surface <u>3.6</u> in.

6	GROUT PLUG MATERIAL: 1 Neat cement <input checked="" type="radio"/> Cement grout <input checked="" type="radio"/> Bentonite <input checked="" type="radio"/> Other <u>NATIVE SOIL</u>																				
	Grout Plug Intervals: <u>2</u> From <u>3</u> ft. to <u>20.9</u> ft., <u>3</u> From <u>0.5</u> ft. to <u>3</u> ft., <u>4</u> From <u>0</u> to <u>0.5</u> ft.																				
	What is the nearest source of possible contamination:																				
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	Direction from well? <u>ON PROPERTY</u> How many feet? <u>0</u>																				

FROM	TO	PLUGGING MATERIALS
<u>0</u>	<u>0.5</u>	<u>NATIVE SOIL</u>
<u>0.5</u>	<u>3</u>	<u>BENTONITE - HOUSPLUG</u>
<u>3</u>	<u>20.9</u>	<u>CEMENT GROUT</u>

7	CONTRACTOR'S OF LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) <u>AUGUST 24, 2004</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>SBI</u> This Water Well Record was completed on (mo/day/year) <u>9-8-04</u> under the business name of <u>LAYNE CHRISTENSEN COMPANY</u> by (signature) <u>[Signature]</u>
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INSTRUCTIONS: Use typewriter or ball point pen. Please press firmly and print clearly. Please fill in blanks, underline or circle the correct answers. Send top three copies to Kansas Department of Health and Environment, Bureau of Water, Geology Section, 1000 SW Jackson St., Ste. 420, Topeka, Kansas 66612-1367. Telephone: 785/296-5522. Send one to Water Well Owner and retain one for your records.